

Please keep a copy for your files!

2013 Community Recovery and Awareness Event Booth Registration Form

Hanover First Church of God, 600 Fairview Dr. Hanover, PA 17331

Saturday, September 14, 2013

11:00 AM to 3:00 PM

Please complete page 1, & page 4 and return with payment enclosed by July 1, 2013.

VENDOR/AGENCY INFORMATION- Part A

Please Print or Type

Name: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Phone Numbers: Office _____ Cell Phone: _____

DISPLAY INFORMATION- Part B

Type of Products or Information to be exhibited (please give details) _____

Will you be providing information in Spanish? _____ Yes _____ No

Why is the agency interested in being a part of this event? _____

VENDOR/AGENCY BOOTH INSTRUCTIONS- Part C

I will be setting up a display or equipment- Friday, September 13th, from 4 – 6 pm _____ or Saturday, September 14th, from 8 am – 9:30 _____ (please check one). For your information no electricity will be provided.

8 Ft. table plus 2 chairs will be provided with fees* See options below

Price Options (See description attached) for the resource section on the event program-Select one:

_____ Exhibitor A - \$100

_____ Exhibitor B - \$75

_____ Exhibitor C - \$50

_____ Exhibitor D - \$25

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Description (A great way to advertise your agency)

Exhibitor A - \$100 fee

- 8 ft table plus 2 chairs
- Full page color ad on the event program (500 -600+ pieces) under the "Resource Directory"

Exhibitor B - \$75 fee

- 8 ft table plus 2 chairs
- Half page color ad on the event program (500 -600+ pieces) under the "Resource Directory"

Exhibitor C - \$50 fee

- 8 ft table plus 2 chairs
- ¼ page color ad on the event program (500 -600+ pieces) under the "Resource Directory"

Exhibitor D - \$35 fee

- 8 ft table plus 2 chairs
- Name display only

Exclusion: For agencies not attending but wish to be part of the "Resource Directory" you may submit an ad as follows (select one):

_____ \$200- Full page color ad
_____ \$100- Half page color ad

Need to complete page 1 part A, page 2 (this section with a selection) and page 4 with date and signature

******Please note:**

Ad submission needs to be formatted as PDF Hi Res for printing by July 1, 2013 via e-mail to advocacymom@embarqmail.com

AGENCY GUIDELINES/CONTRACT

Guiding Hearts with Hope is pleased to welcome you to the second Community Recovery and Awareness Event. This is a great opportunity to promote your services and resources to the community.

1. As a vendor, your booth must be set up, staffed and ready to operate by 9:30 AM (prior to the event); registration to the event will begin at 10:00 AM. The whole event including the open ceremony through the reception will be from 11:00 AM to 3:00 PM. Your booth needs to remain open for the entire event. Tear down will begin at 3:00 PM (unless you have people visiting your booth) and needs to be completed and out of the building by 5:00 PM.
2. Vendors must provide necessary equipment to operate the booth. *Tables and chairs are provided. Individual booths are not provided with trash cans, so bring your own if you need it. Vendors are responsible for cleaning up their booth area.
3. **Payment Due Date:** No booth space can be reserved. Full payment must accompany the signed application **by July 1, 2013.**
4. **Cancellation of Booth Space:** There are no refunds for cancellations.
5. **Guiding Hearts with Hope** and **Hanover First Church of God** are unable to accept responsibility for any lost, stolen items, or damage to any equipment.
6. Only one organization/agency or vendor may use each booth space unless authorization had been obtained from the **Guiding Hearts with Hope** committee leader. All vendors must conduct business in their designed booth area only, unless approved otherwise by the **Guiding Hearts with Hope** committee leader.
7. NO FOOD ITEMS OR BEVERAGES MAY BE SOLD at vendor booths.
8. NO PRODUCTS OR MATERIALS MAY BE SOLD at vendor booths.
9. Vehicles must be parked in the designed parking lot.
10. NO ALCOHOL OR SMOKING is allowed in the facility or on the premises.

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In witness to their understanding and agreement to these terms and conditions, the parties hereby affix their signatures below.

Martha L. King

Type Name

Type Name:



April 17, 2013

Event's Leader Signature and Date
Guiding Hearts with Hope, President

Exhibitor's Signature and Date

Please make **check payable to Guiding Hearts with Hope** and return page 1 & page 4 with payment by **July 1, 2013** to:

Guiding Hearts with Hope
P.O. Box 485
Hanover, PA 17331

We look forward to a day of celebrating together! Thank you for your continued support of Guiding Hearts with Hope!

FOR OFFICE USE ONLY:

Date Received _____ Exhibitor Option Selected _____

Booth Assignment _____

Amount Paid _____ Confirmation Sent _____

Check # _____

Notes: _____